



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 1 - 0 0 1</u>	2. STATE: South Dakota
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE January 1, 2001	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.120		7. FEDERAL BUDGET IMPACT: a. FFY <u>2001</u> \$ <u>50,000</u> b. FFY <u>2002</u> \$ <u>65,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement to Attachment 3.1-A, page 20.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Supplement to Attachment 3.1-A, page 20.	
10. SUBJECT OF AMENDMENT:  To allow for coverage of smoking cessation drugs, when prior authorization has been received from the Department.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Department of Social Services Office of Medical Services 700 Governors Drive Pierre, SD 57501-2291	
13. TYPED NAME: James W. Ellenbecker			
14. TITLE: Secretary			
15. DATE SUBMITTED: <u>1/18/01</u>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: January 23, 2001		18. DATE APPROVED: <u>2/2/01</u>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>1/1/01</u>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: David R Selleck		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:  POSTMARK: January 22, 2001			

## SUPPLEMENT TO ATTACHMENT 3.1-A

12a. Prescribed Drugs

The following items are payable only when prior authorization has been received from the State Agency:

1. Clozaril.
2. Smoking cessation drugs.

Items not payable include the following:

1. Legend oral vitamins except prenatal vitamins and minerals;
2. Items prescribed for weight control or appetite depressant;
3. Non legend drugs and over-the-counter items, except insulin;
4. Food or nutritional supplements;
5. Delivery charges;
6. Agents used for cosmetic purposes or hair growth products;
7. Agents to promote fertility;
8. Items considered less than effective and items that are identical, similar, or related; and
9. Experimental items.

TN # 01-001  
SUPERSEDES  
TN # 92-18

APPROVAL DATE 02/02/01 EFFECTIVE DATE 01-01-01